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CONFIRMATION NO. 7413

<b>SERIAL NUMBER</b> 09/829,073	<b>FILING OR 371(c) DATE</b> 04/09/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> #651
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a CIP of 09/252,828 02/19/1999 *L/C*  
which claims benefit of 60/075,079 02/19/1998 *L/C*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 06/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWING 12	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials					

**ADDRESS**  
24395

**TITLE**  
HUMAN ZONA PELLUCIDA PROTEIN 3 AND USES THEREOF

<b>FILING FEE RECEIVED</b> 444	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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